

**REPORT OF NEW EMPLOYEE(S)  
PRINTING SPECIFICATIONS  
COMPUTER OR LASER GENERATED ALTERNATE DE 34 FORMS**

The Employment Development Department (EDD) provides DE 34 forms suitable for laser printers at no cost to our customers.

However, if you prefer to create your own Report of New Employee(s) forms, these specifications will assist you in creating an alternate DE 34 form that we can process on our optical character readers. A sample alternate DE 34 and an original DE 34 Report of New Employee(s) are included with these specifications. **The sample alternate format should not be used to align your alternate format as reproduction has caused distortion.** Please use the print and line positions provided in these specifications to create your alternate form. The DE 34 form is the correct template to use to verify that your alternate format is correct, place the DE 34 over or under your alternate format and visually verify that the data on your alternate form is printing within the corresponding boxes on the DE 34. If this is the case, the alternate format has been designed to meet our specifications.

**TEST FORMS MUST BE SUBMITTED FOR APPROVAL BEFORE USE**

Please submit a sample deck for testing and approval. The test deck should include 25 original documents - no photocopies. You may use dummy data and you may repeat the data on all the pages.

The test deck should be mailed to the following address:

Alternate Forms Coordinator  
Information Management Group/MIC 96  
Employment Development Department  
P O Box 826880  
Sacramento, CA 94280-0001

Our address for express mail is 9815 C Goethe Road, Sacramento, CA 95827, Attn: Alternate Forms Coordinator, MIC 96. Be sure to include my telephone number, (916) 255-0649, on the airbill.

**TEST SAMPLES MUST MEET A 95% OR BETTER READ RATE TO BE APPROVED.**

**GENERAL REQUIREMENTS**

Non-scannable file copies: If you provide your customers with copies that are not OCR compatible, please advise them **not** to send their file copies to EDD. We have found that the warning **DO NOT SEND THIS COPY TO EDD** is effective when printed on file copy.

User codes: If you print code numbers or letters on your forms, please position them above the title **"SERVICE-RECIPIENT"** field on lines 6 or 7 and print positions 7 thru 40.

EDD Approval Number: This number will be assigned once EDD has tested and approved the forms.

Paper: Use 8 1/2" by 11" white, 20 pound bond paper. NCR or recycled paper will not feed into the scanners and is not acceptable.

Printer: Do not use a dot matrix printer. Dot matrix printing will not meet the 95% read rate.

Ink: Use black ink only. If possible, use non-ferric ink as ferric ink contains metal, which interferes with our automated mail sorting equipment.

Font type: Please use 10 or 12 point Courier, Helvetica or OCR A font to print the data to be captured. **DO NOT PRINT YOUR ALTERNATE FORMAT IN BOLD TYPE UNLESS SPECIFIED.**

Alignment: The top edge of the form is zero, the bottom of the form is line 66, the left edge is print position zero, and the right edge is print position 85.

### GENERAL REQUIREMENTS Cont.

Display of Social Security Account (SSA) Numbers: SSA numbers must always contain nine digits. Do not use "/" between digits. Acceptable ways of printing are 012345678 or 012 34 5678 or 012-34-5678 (if your program cannot delete the dashes).

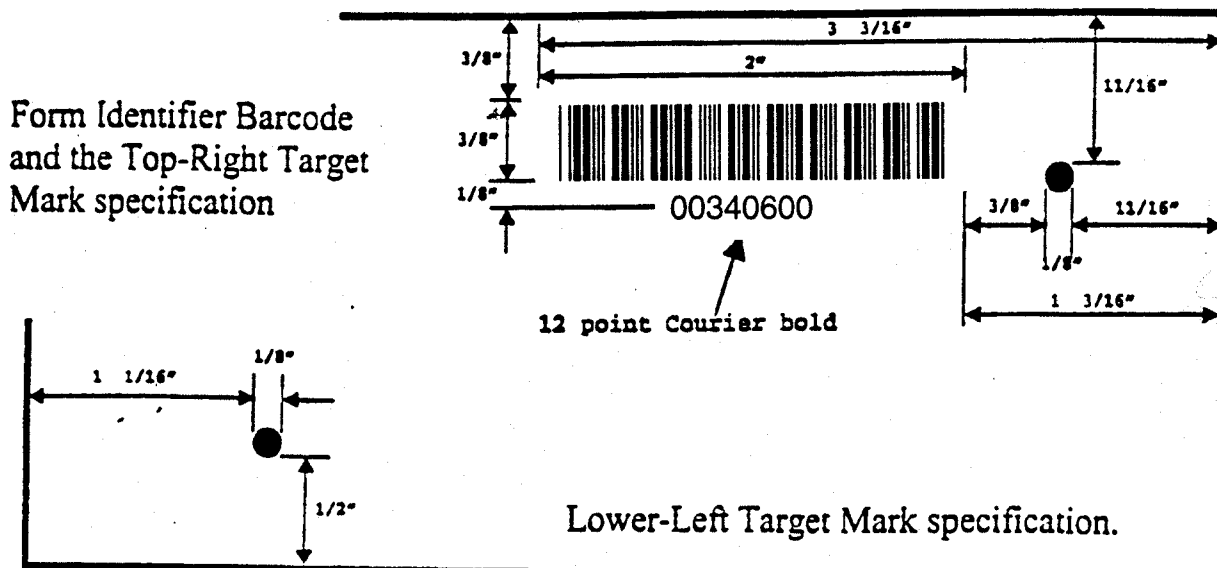
Display of Employee names: Please show the first name, middle initial, and the last name of each Employee. If your program will not parse out the middle initial, place the middle initial in the first name field. If your program does not print the employee names in this format, contact the Alternate Form Coordinator for instructions on reporting employee names.

### **NOTE:**

### **BARCODE AND TARGET MARK SPECIFICATIONS**

Form Identification: A form identification barcode is added DE 34 to help EDD identify the forms automatically. The Form Identifier String "**00340600**" is encoded in Code 3 of 9 (also called Code 39) barcode format. This barcode is 2 inches wide, 3/8 inches high, is located 3/8 inch below the top paper edge and 1 3/16 inch off the right paper edge. The Form Identifier String should be printed 1/8 inch beneath the barcode in 12 point Courier bold font.

Target Marks: Two target marks are placed on the Top Right and Lower Left corners to help the EDD equipment de-skew the scanned forms. Target marks are black circles 1/8 inch in diameter with a red circle around them. The top-right target mark is 11/16 inch off the top and right paper edges, and the bottom-left target mark is 1 1/16 inch off the left paper edge and 1/2 inch off bottom paper edge.



**FORM IDENTIFIER STRING SPECIFICATIONS (No Barcode/Target Marks)**

EDD prefers that you provide the barcode and target marks on your alternate format to ensure the most accurate processing of your Report of New Employee(s). If it is not possible to include the barcode and target marks, submit your alternate form test samples with the unique FORM IDENTIFIER STRING used to identify alternate formats without barcode/target marks. The correct format for the Form Identifier String without barcode/target marks is “**B0340600**” printed in the 12 point Courier bold font. The print and line position for the Form Identifier String are listed below:

<b><u>ITEM</u></b>	<b><u>PRINT LINES</u></b>	<b><u>PRINT POSITIONS</u></b>	<b><u>PRINT FORMAT</u></b>
Form Identifier String	6	59 thru 67	<b>B0340600</b>

The following is a sample of the correct position for the Form Identifier String on the alternate DE 34 form:

DE 34	EDD 12345	B0340600
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ITEM	PRINT LINES	PRINT POSITIONS	PRINT FORMAT
DE 34	4	8 thru 13	DE 34
FORM APPROVAL NUMBER (Assigned by EDD)	4	27 thru 36	EDD 00000
<b>BARCODE/TARGET MARKS</b>	<b>Instructions are on page 2.</b>		
<b>FORM IDENTIFIER STRING</b>	<b>Instructions are on page 3.</b>		
DATE	9	8 thru 18	NNNNNNN
CALIFORNIA ACCT. NUMBER	9	27 thru 40	NNNNNNNNNN
BRANCH CODE	9	43 thru 47	NN
FEDERAL ID. NUMBER	9	53 thru 68	NNNNNNNNN
NO. OF FORMS NEEDED	9	73 thru 76	NN
BUSINESS NAME	12	8 thru 36	
CONTACT PERSON	12	39 thru 64	
TELEPHONE NUMBER	12	66 thru 80	NNNNNNNN
ADDRESS	14	8 thru 37	
CITY	14	39 thru 56	
STATE	14	58 thru 63	
ZIP	14	68 thru 78	NNNNN
EMPLOYEE NAME	17, 25, 33, 41, 49, 57	8 thru 34	
MIDDLE INITIAL	17, 25, 33, 41, 49, 57	37 thru 38	
LAST NAME	17, 25, 33, 41, 49, 57	42 thru 78	
SOCIAL SECURITY NUMBER	19, 27, 35, 43, 51, 59	8 thru 22	NNNNNNNNNN
ADDRESS	19, 27, 35, 43, 51, 59	27 thru 78	

CITY	21, 29, 37, 45, 53, 61	8 thru 49	
STATE	21, 29, 37, 45, 53, 61	52 thru 54	
ZIP CODE	21, 29, 37, 45, 53, 61	58 thru 66	NNNNN
START-OF-WORK DATE	21, 29, 37, 45, 53, 61	70 thru 78	NNNNNN

If you have any questions about these specifications, you may call the Alternate Forms Coordinator at (916) 255-0649.